

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 33256

FILED NOV 10 1943 318

Registration District No.

Primary Registration District No. 1003

Registrar's No. 951

1. PLACE OF DEATH:

(a) County ST. LOUIS
(b) City or town ST. LOUIS
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1391^c MONTCLAIR /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community years, months or days)

3. (a) PRINT
FULL NAME

LILLIAN MIMS

3. (b) If veteran,
name war

NO

3. (c) Social Security
No. NO.

4. Sex FEMALE
5. Color or race WHITE

6. (a) Single, widowed, married,
divorced MARRIED

6. (b) Name of husband or wife
JAMES MIMS

6. (c) Age of husband or wife if
alive 71 years

7. Birth date of deceased AUGUST 1 1864
(Month) (Day) (Year)

8. AGE:

Years 79
Months 2
Days 26

If less than one day
hr. min.

9. Birthplace

CARLTON MO. (City, town, or county) (State or foreign country)

10. Usual occupation

HOUSE KEEPER.

11. Industry or business

OWN

MOTHER FATHER

12. Name WILLIAM ARNOLD

13. Birthplace UNKNOWN (City, town, or county) (State or foreign country)

14. Maiden name UNKNOWN

15. Birthplace UNKNOWN (City, town, or county) (State or foreign country)

16. (a) Informant Mr James Mims

(b) Address 1391^c MONTCLAIR

17. (a) BURIAL (b) Date thereof OCT 29 1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation VALHALLA CEM.

18. (a) Signature of funeral director E. J. Schuur

(b) Address 3125 Lafayette Ave

19. (a) OCT 29 1943 (b) J. J. Brudeck (Date received local registration) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County 17
(c) City or town ST. LOUIS 96
(If outside city or town limits, write "RURAL")
(d) Street No. 1391^c MONTCLAIR AV.
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month OCT day 27
year 1943 hour 1 minute 30

21. I hereby certify that I attended the deceased from
19 to 19
that I last saw him alive on 19
and that death occurred on the date and hour stated above.

Immediate cause of death
Duration
Due to
Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur? (City or town) (Country) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? (Specify type of place) (e) Means of injury

23. Signature Alfred Mims (M. D. or other)
Address Date signed 10/29/43

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed.....

Licensed Embalmer No. 4014

P. O. Address H. Louis m

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.